

ref. Victims
Trust Request for late proof of claim
Case# 19-30088

February 18, 2023

FILED
FEB 23 2023
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA

United States Bankruptcy Court
Federal Building
450 Golden Gate Avenue
Mailbox 36099
San Francisco, Ca. 94102

My name is Christina Marie Charles, I am honored to be able to address the court. I am humbly asking for a motion to honor my untimely Proof of Claim. Please allow me to explain:

I have answered all requests that I have received from the Fire Victims Trust for over two years, I am just now informed that my proof claim was not received on time. I cannot understand that and the many correspondences since that date and still not informing me of that important fact until now. I have attached important documents that further show I had no knowledge of that fact and therefore unable to correct this sooner. I might add in my neighborhood we do not have a permanent mailman I can say for the 20 years I have lived in District 10 we have never had and still this day our mail is often late, not received, and sometimes opened in spite of many complaints made to the Visitacion Valley Post Office on Leland Avenue in San Francisco, Ca,

The documents I am submitting for your reference are attached:

1. Proof of certified mail sent to Fire Victims Trust (i.e.; Request for Information Request)
2. Correspondence received from Fire Victims Trust & Faxes sent
3. Letter received from Fire Victims Trust requesting W-9 to be signed and returned
4. Email stating portal procedures for the Trust
5. Confirmation of Claimants Form
6. Reconsideration Request & Dr.'s note

I am submitting these documents because I was never aware of the alleged untimely filing, and I feel the Fire Victims Trust could have at least notified me of that fact thru some of the many times we talked or communicated with one another.

If you have any questions or concerns I can be reached at 415 8769056 or by email at

chris411char@gmail.com. Thank you.

Christina Charles



VISITACION
68 LELAND AVE
SAN FRANCISCO, CA 94134-9991
(800)275-8777

11/16/2020 02:48 PM

Product	Qty	Unit	Price
Priority Mail® 3-Day 1			\$7.75
Flat Rate Env			
Brooklyn, NY 11232			
Flat Rate			
Expected Delivery Date			
Fri 11/20/2020			
Certified Mail®			\$3.55
Tracking #:			
7018309000082994466			
Total			\$11.30
Grand Total:			\$11.30
Deb			
Card Remitted			\$11.30
Card Name: Debit Card			
Account #: XXXXXXXXXX3898			
Approval #			
Transaction #: 240			
Receipt #: 015637			
Debit Card Purchase: \$11.30			

Due to limited transportation availability as a result of nationwide COVID-19 impacts package delivery times may be extended. Priority Mail Express® service will not change.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of

[TO \$500,000, IMPRISONED FOR UP
H. 18 U.S.C. §§ 152, 157, AND 3571.]

tion Request Form

Information Procedures, you must complete an it to the Reorganized Debtors so that it is received by the n Deadline (i.e., within twenty-eight (28) days of the

sible for you to complete and submit the Information mail a fully completed Information Request Form to:

Claims Processing Center

12

send certified mail

Reorganized Debtors

Claims Information Procedures should be directed agent, Prime Clerk LLC, at 844-339-4217 (toll-free), email at pgeinfo@primeclerk.com.

Yours truly,
G&E Corporation and Pacific Gas and Electric Company

*sent to wrong address
must do by
11-16-20
send 2 day*

INFORMATION REQUEST FORM

THIS INFORMATION REQUEST FORM CONCERNS THE PROOF OF CLAIM YOU FILED IN THE PG&E BANKRUPTCY. IT IS IMPORTANT THAT YOU READ THIS INFORMATION REQUEST FORM AND COMPLY WITH ITS INSTRUCTIONS BY ORDER OF THE BANKRUPTCY COURT.

Mailing Date: 10/23/2020

General Claimant(s): Charles, Christina

General Claimant's Address: 10 Towerside Avenue
San Francisco CA 94134

General Claimant's Email (if applicable): chris411char@gmail.com

Proof of Claim Number(s): 106210

On January 29, 2019, PG&E Corporation and Pacific Gas and Electric Company (collectively, the "Debtors" or "Reorganized Debtors") filed voluntary cases for relief under chapter 11 of the Bankruptcy Code with the United States Bankruptcy Court for the Northern District of California. The Bankruptcy Court confirmed the *Debtors' and Shareholder Proponents' Joint Chapter 11 Plan of Reorganization Dated June 19, 2020* [Bankr. N.D. Cal. Dkt. No. 8048] (the "Plan"), on June 20, 2020. The Plan became effective on July 1, 2020.

On September 25, 2020, the Bankruptcy Court approved certain procedures the ("General Claims Procedures") to facilitate the resolution of certain proofs of claim that have been submitted in these chapter 11 cases. ~~Because you have filed a proof of claim, you are now required to provide certain information in connection with your proof of claim.~~ Enclosed with this request form are the information procedures approved by the Bankruptcy Court (the "General Claims Information Procedures"). Copies of the General Claims Procedures and the General Claims Information Procedures are available for viewing at <https://restructuring.primeclerk.com/pgel>. ~~* NO mention that it was late or untimely~~
and I did file the information request form

Pursuant to the General Claims Information Procedures, you must complete an Information Request Form and return it to the Reorganized Debtors so that it is received by the Reorganized Debtors within twenty-eight (28) days of the above-indicated Mailing Date of this Information Request Form (the "Information Deadline"). For ease of submission, the Debtors have provided an online portal that allows the electronic submission of the requested information.

FAILURE TO COMPLETE AND RETURN AN INFORMATION REQUEST FORM ON OR BEFORE THE INFORMATION DEADLINE MAY RESULT IN A FORMAL OBJECTION BEING FILED SEEKING DISALLOWANCE OF YOUR PROOF OF CLAIM.

** but now it is denied for no proof of claim being filed*



ALL INFORMATION PROVIDED IS UNPUBLISHED OF THE FIRE VICTIM TRUST

Dear Fire Victims,

On January 26, 2021, I sent a letter providing you with an update on the status of the Fire Victim Trust (the "Trust") and an understanding of what you might expect in the future. I take this opportunity to further inform you of our progress, including Claims Administration, monetization of the stock, as well as the Trust's involvement in the Third-Party Cases, designed to augment the total amount available for distribution to Fire Victims.

Claims Processing

The Trust was created and funded on July 1, 2020. Prior to accepting any claims, the Trust was tasked with creating machinery that would accept thousands of submissions electronically, organize and compile documentation to be reviewed, and provide the reviewers with a consistent way to make determinations. To handle this project, the Trust retained the services of BrownGreer, a law firm that specializes in claims administration and claims processing. Approximately 300 staff members are committed to this project, including attorneys, project managers, analysts, claim reviewers, and software developers. Out of this group, 130 of these employees are dedicated to claims reviews, with BrownGreer adding staff as recently as this past week. In addition, BrownGreer has increased the number of managers overseeing the claims reviews, which will increase output by increasing the rate of claims assignments, ensuring quality control, and helping to train reviewers on eligibility requirements.

On August 17, 2020, the claims process opened, and the Claims Questionnaire became available for attorneys and claimants to use to submit claims. However, submission of the Claims Questionnaire is only the beginning of the process. In order to fully value and verify a claim, as required by the Court-approved Trust Documents, the reviewer must also have supporting

sent certified mail on 2-3-21

went to P.D. on Leeland to check for receipt ^{Fax Log for} postal worker

HP OfficeJet 3830 All-in-One Printer

said the certified letter is still in transit

2-16-21 Tuesday

Feb 16 2021 2:12AM

What?

Last Transaction

Date	Time	Type	Station ID	Duration	Pages	Result
Feb 16	1:17AM	Fax Sent	18044048987	55:22	33	OK

Fax Cover Sheet

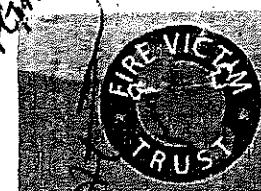
To: Fire Victim Trust
From: Christine Charles (106210)

Date: 2-15-21

Phone Number: 415876-9054
Fax 1-804-404-8987

30 # of Pages including cover sheet:

Comment:



PG *Marked to file*
This is an official communication from the Fire Victim Trust Claims Processor.

Fire Victim Trust Claimant,

Before receiving any payments, Claimants must provide the Claims Processor with a complete, signed **Payment Election Form** and a complete, signed **W-9 Form** for certain Claim Types and circumstances. If any information on either the W-9 Form or Payment Election Form changes after you submit it, you must submit a new one to us. We have attached the required forms that you must complete, sign and mail back to Fire Victim Trust Claims Processor at the address below.

Fire Victim Trust
P.O. Box 25936
Richmond, VA 23260

Instructions specific to the PEF:

You can elect to receive payment by check, ACH electronic payment, or Zelle®, but you should only select one of those payment methods. The payment method you select will apply to all payments unless and until you submit a replacement form with updated information.

Contact your bank to find out what fees, if any, it may charge for receipt of an ACH electronic payment. We have no control over any such fees that your bank may charge.

Zelle is a payment app that allows you to send and receive money from your mobile device. You may access *Zelle* through your bank's website and mobile app (if offered), or through the *Zelle* app linked to your debit card. To set up a *Zelle* account, contact your bank or financial institution. By selecting this option, you agree to be bound by the *Zelle Network® User Service Agreement*. *Zelle* and *Zelle* related marks and logos are property of Early Warning Services, LLC.

Call us at 1-888-664-1152 or by email at info@firevictimtrust.com if you have questions or need assistance.

Thank you.

Cathy Yanni, Claims Administrator

FAX 1-804-404-18787

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See Specific Instructions on page 3.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Christina Marie Charles

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► _____

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Applies to accounts maintained outside the U.S.

5. Address (number, street, and apt. or suite no.) See instructions.

10 Towerside Avenue

Requester's name and address (optional)

6. City, state, and ZIP code.

San Francisco, CA 94134

7. List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

_____ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Christina Charles

Date ►

9-17-22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.*



Fwd: Login Credentials for Fire Victim Trust Portal (1 of 2)

1 message

Christina Charles <ccharles@felton.org>
To: chris411char@gmail.com <chris411char@gmail.com>

Sun, Nov 8, 2020 at 1:12 AM

Get Outlook for Android

From: NoReply@FireVictimTrust.com <NoReply@FireVictimTrust.com>
Sent: Wednesday, November 4, 2020 7:15:48 AM
To: Christina Charles <ccharles@felton.org>
Subject: Login Credentials for Fire Victim Trust Portal (1 of 2)

This is an official communication from the Claims Processor for the Fire Victim Trust.

You have been granted access to the Fire Victim Trust Portal. This portal will be accessible only with a Username and Password, which will provide you with secure access to your account. Below is your Username. For security reasons, your Password will be sent in a separate email.

Login ID: ccharles

To access the secure Fire Victim Trust Portal, click [here](#), enter the Login ID above, and use the temporary password you will receive in a separate email.

Do not reply to this message. If you have any questions about the Login Process or the Fire Victim Trust Portal, please contact your supervisor or email us at info@FireVictimTrust.com

Thank you.

Claims Processor

Fire Victim Trust

BrownGreer PLC

Telephone: (888) 664-1152

info@FireVictimTrust.com

www.FireVictimTrust.com

This electronic mail is intended to be received and read only by certain individuals. It may contain information that is privileged or protected from disclosure by law. If it has been misdirected, or if you suspect you received this in error, please notify me by replying and then delete this message and your reply. These restrictions apply to any attachment to this email.



CONFIRMATION OF CLAIMANTS FORM

The Claims Processor created Group IDs based on information from Proof of Claim Form(s) ("POC") filed directly with Prime Clerk. Claimants were grouped together when multiple Claimants appeared on a single POC and/or situations where Claimants appeared on different POCs but had the same address(es). Before you can take any action on your Claim, you **must confirm or contest** the Claimant information below for all Claimants in your group (including yourself).

Claimant ID	Claimant Name	Claimant Type (Individual, Business, Trust, or Estate)
1087894	Christina M. Charles	Individual

Response		
Claimant Response (check one option)	Confirm <input checked="" type="checkbox"/>	Contest <input type="checkbox"/>
If you chose Contest , there is either (a) at least one additional claimant that should appear or (b) there is at least one claimant that appears but should not in your Group ID. You must provide an explanation in the Comments box as to what the issue is so that we can resolve it for you. If one or more claimants are missing, provide as much information as possible about these claimants, including name, loss location(s), and/or the Prime Clerk Claim Number(s) assigned to the Proof of Claim Form(s) you filed with Prime Clerk. If one or more claimants should not appear in this Group ID, tell us which claimant(s) we need to remove. Include as much detail as possible to assist our review. We will contact you with any questions or a resolution after we conclude our additional research and analysis.		
Comments:		

Signature		
By signing below, you agree that the Claimant(s) you have confirmed or contested for your Group is/are correct. There are no additional Claimants that should appear, and there are no Claimants that do appear but should not.		
Claimant Signature	<i>Christina Charles</i>	Date 1-21-21
Printed Name	Christina Charles	M.I. M Last Charles



RECONSIDERATION REQUEST FORM

DATE OF NOTICE: 7/14/22

SECTION I: FIRE VICTIM CLAIMANT INFORMATION

Claimant Name:	Christina M Charles		
Law Firm:	Pro Se		
Claimant ID:	1087894	Claim QuestionnaireID:	10025585

SECTION II: AGREEMENT OR RECONSIDERATION OF DETERMINATION

Are you accepting the Determination Notice? If Yes, check the "Yes" box and skip to Section V. If you are not accepting this Determination Notice, check "No" and continue to Section III.

Yes
 No

SECTION III: CLAIM TYPES FOR RECONSIDERATION

Please select the damage categories that you would like for the Claims Administrator and Claims Processor to reconsider and remember to include any additional documentation or explanations you want us to consider when re-reviewing your claim during Reconsideration.

<input type="checkbox"/>	Real and Personal Property
<input type="checkbox"/>	Business Income Loss
<input checked="" type="checkbox"/>	Personal Income Loss (Lost Wages)
<input type="checkbox"/>	Emotional Distress – Zone of Danger
<input type="checkbox"/>	Emotional Distress - Nuisance
<input checked="" type="checkbox"/>	Personal Injury
<input type="checkbox"/>	Wrongful Death
<input type="checkbox"/>	Other Out-of-Pocket Expenses
<input type="checkbox"/>	Other Damages

SECTION IV: REASON FOR RECONSIDERATION REQUEST

Explain why you are requesting Reconsideration of the determination issued by the Fire Victim Trust for your claim. If necessary, please use additional pages and attach them to this Form, along with any documents supporting your position:

Because I am not sure you received my medical records and I am submitting new evidence: a letter from my primary care physician who has been treating me for over 15 years and can tell you the effect the fire, smoke had on my respiratory system.

www.FireVictimTrust.com

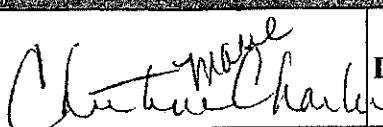
CQ ID: 10025585

P.S. Also, sending other supporting documents.



ACCOMMODATION AND RECONSIDERATION REQUEST FORM

SECTION IV: SIGNATURE

Signature:		Date:	08/24/22 (Month/Day/Year)
Printed Name:	Christina Marie Charles		

SECTION V: HOW TO SUBMIT THIS FORM

Submit this Form on or before the deadline using one of these methods.

By Mail: (must be postmarked on or before the cure deadline date) <i>Verified 08/24/22</i>	Fire Victim Trust Claims Processor P.O. Box 25936 Richmond, VA 23260
By Delivery: (must be placed with the carrier on or before the cure deadline date)	Fire Victim Trust c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

SECTION VI: HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you have any questions about this Notice or need help, call us at 1-888-664-1152 or email info@firevictimtrust.com.



www.FireVictimTrust.com

CQ ID: 10025585



To Whom It May Concern:

I am the primary care provider of Christina Charles; I am writing this letter at Christina's request to confirm that she is prescribed and uses an albuterol inhaler since 2015 due to cough associated with allergies and asthma. To help control this condition, as much as possible she should live in an environment free from smoke, mold, and fumes.

Sincerely,

R. Brad Williams, MD



Christina M Charles
10 Towerside Ave
San Francisco, CA 94134

RECEIVED

FEB 23 2023

U.S. COURT
OF APPEALS
FOR THE NINTH CIRCUIT

PLACE STICKER AT TOP OF ENVELOPE TO THE FLAT
OF THE RETURN ADDRESS, FOLD AT HORIZONTAL LINE

CERTIFIED MAIL



7021 2720 0001 7222 3941

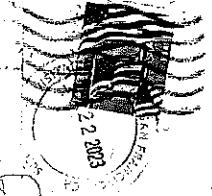


RDC 99



94102

U.S. POSTAGE PAID
FCM LETTER
SAN FRANCISCO, CA
FEB 23, 23
FEE \$4.23
AMOUNT
\$4.63
R2305KH41820-07



U.S. Bankruptcy Court
Mail box # 36099
450 Golden Gate Ave
18th floor
SF CA 94102

9410263817 0038

